



A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

Filing Period: January 1 - March 1 • **Filing Fee:** \$50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 65685		2. Name of Corporation Contract Fusion, Inc.			
3. Street Address Principal Business Office 99 Massasoit Avenue		City East Providence	State RI	Zip 02914	
4. Business Phone No. 401-438-1298		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name John S. Carter III			Vice President Name None		
Street Address 99 Massasoit Avenue			Street Address		
City East Providence	State RI	Zip 02914	City	State	Zip
Secretary Name Letitia Carter			Treasurer Name John S. Carter III		
Street Address 99 Massasoit Avenue			Street Address 99 Massasoit Avenue		
City East Providence	State RI	Zip 02914	City East Providence	State RI	Zip 02914
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name John S. Carter III			Director Name John S. Carter, Jr.		
Street Address 99 Massasoit Avenue			Street Address 99 Massasoit Avenue		
City East Providence	State RI	Zip 02914	City East Providence	State RI	Zip 02914
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
			Number of Shares	Class/Series	Par Value
			100 \$.01 Par Val	Common	.01
			THIS SECTION MUST BE COMPLETED		

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

File Date	FILED
Check No.	FEB 11 2009
By	By 15564
FOR SECRETARY OF STATE USE ONLY	

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature

Date

John S. Carter III

Print or Type Name

Director/President

Title